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BEFORE THE
UNITED STATES SENATE
COMMITTEE ON BANKING, HOUSING AND URBAN AFFAIRS
SUBCOMMITTEE ON HOUSING AND TRANSPORTATION

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Thank you for the opportunity to discuss HUD's activities in the area of childhood lead poisoning prevention. The evidence shows that while the nation has made much progress, much remains to be done to meet the goal of eliminating the disease by 2010.

I am the director of the HUD Office of Healthy Homes and Lead Hazard Control. Before joining HUD 6 years ago, I was deputy director of the National Center for Lead-Safe Housing and a scientist on the faculty at the Georgia Institute of Technology, where I conducted research on residential lead hazard detection and control. I am also a board-certified industrial hygienist.

HUD Secretary Mel Martinez has made childhood lead poisoning prevention one of the priorities of his administration. As a result of this commitment, we have trained over 28,000 housing rehab and maintenance workers and others in the past year alone in lead-safe work practices. We have increased HUD's lead hazard control budget by 10% for FY 2002 and the President's budget proposal for FY 2003 increases it further still, from \$110 million to \$126 million. The Secretary has also increased our office's staffing to improve our grant delivery, enforcement, public education and research efforts.

The most current nationwide estimates from the Centers for Disease Control and Prevention (CDC)¹ show that 890,000 children had blood lead levels above the CDC level of concern during the time of the survey (1991-94). That study also showed that 21% of African-American children living in older housing where lead-based paint is most prevalent were poisoned, compared to 4.4% for the general population. In December of 2000, CDC provided more recent data² showing that while some counties had prevalence rates as high as 27%, the average blood lead level in young children declined by 25% from 1996-99 to 1.9 micrograms per deciliter, suggesting our efforts to make U.S. housing lead-safe are successful.

The reason for this success is that the nation took action. Lead exposures from food canning, gasoline and new paint were eliminated. Lead in air emissions, occupational exposures and water all were controlled and older housing with lead paint is continually being rehabilitated, abated or demolished. Studies of the numerous, but often subtle, harmful effects of lead were completed and a consensus emerged.⁵ All of these actions have caused average blood lead levels to decline by over 80% since the 1980s,² an achievement that ranks as one the nation's most successful public health stories.

Nevertheless, the evidence is clear that the major high dose source for most children today is existing lead-based paint in older housing and the contaminated dust and soil it generates.^{6,7,8} More must be done to prevent hundreds of thousands of additional children from being poisoned in the decades to come. HUD's new survey⁹ of lead-based paint in housing shows that the estimated number of homes with lead paint declined from 64 million in 1990 to 38 million in 2000. Of the 38 million units with lead paint, 25 million have lead hazards. Of those 25 million, 5.6 million house children under the age of 6. 1.6 million of those units house low-income families with children under 6, the population most at-risk of elevated blood lead levels. Forty-one percent of low-income

housing has lead paint hazards, compared to 18% of middle and upper income housing. HUD expects to repeat the survey of housing with lead hazards in 2004, which will help better determine long-term trends of lead hazard reduction.

Importantly, government-supported housing, which is almost all low-income housing, has a prevalence rate of 17%, about the same as middle and upper income housing. Therefore, from a lead-safety perspective, government supported housing is also the safest housing, the strongest indication yet that the Federal standards are effective. The data also show that the problem is most severe in privately owned low-income housing that is or will be occupied by families with young children. These are precisely the houses that are targeted by HUD's lead hazard control grant program.

HUD has worked closely with other federal agencies to protect children from lead poisoning. We must work more closely with other agencies to match families with young children and houses that have been made lead safe through our various programs. We should find ways to get this information to families who need it most, such as Medicaid-eligible families. One option could be to make more information about HUD lead hazard control programs available to State Medicaid agencies through Centers for Medicare & Medicaid Services (CMS), CDC and other components of the Department of Health and Human Services (HHS). When CDC conducted its High Intensity Targeted Screening effort in Chicago recently, HUD was there to provide resources needed to eliminate lead-based paint hazards for children who had not been previously identified as being at risk.

After a transition period, HUD's new lead-based paint regulation for federally assisted housing is now in effect across the country. Federally assisted housing now includes modern, more effective and scientifically proven hazard identification and control methods to ensure that it is safe for children. This regulation brings lead hazard control procedures into routine housing finance, maintenance and rehab systems and therefore represents a change from the way the nation approached the problem in the past, which was largely reactive and inadequate. In short, we take action *before* a child is poisoned, instead of only acting after the damage has been done. HUD's procedures for federally assisted housing provide a template for promoting lead safety in other housing with lead paint hazards. Furthermore, the capacity we have built to implement lead-safe work practices among painters, remodelers, renovators and maintenance personnel can be used more broadly, because many contractors often work in both assisted and non-assisted housing.

In addition to all this, we have:

- developed a 10-year strategy to eliminate childhood lead paint poisoning, which was published by the President's Task Force¹⁰ (this marked the first time that federal agencies developed a coordinated approach and documented the resources needed);
- linked lead safety to other children's health hazards that may be caused by underlying housing conditions through HUD's Healthy Homes Initiative.

- created an effective lead hazard control grant program to eliminate lead-based paint hazards in privately owned low-income dwellings where hazards are greatest. Today the HUD program is active in over 200 jurisdictions across the country;
- together with state and local law enforcement, health and housing departments, the Department of Justice and EPA, enforced the lead-based paint disclosure regulation (so far, we have brought cases that have resulted in compliance and lead paint abatement in over 158,000 high-risk dwelling units, as well as two criminal convictions against landlords who failed to comply);
- conducted the nation's largest study of modern lead hazard control techniques to determine the effectiveness of the HUD grant program (the results show that children who live in units where hazards have been eliminated have a 25% lower blood lead level and their homes have a sustained 50-88% decline in dust lead levels);¹¹
- conducted research to reduce the cost and increase the effectiveness of hazard identification and control technologies;
- completed the inspection and risk assessment of tens of thousands of units receiving HUD Section 8 project-based subsidies;
- paid for clearance testing in public housing and in HUD-funded rehab programs covered by HUD's lead-safe housing rule;
- performed public education and outreach services through private sector organizations such as Sears;
- been recognized by the Office of Management and Budget as an "effective" program; and
- published technical guidelines,¹² in the form of a 500 page compendium of best practices that is regarded by practitioners in the field as state of the art and widely referenced in federal, state and local regulations.

Another opportunity for collaboration is between HUD and the Environmental Protection Agency (EPA). HUD and EPA have worked together to target our regulations so that abatement contractors are used for the most dangerous jobs, not routine housing rehab, and so that housing rehab workers get the training they need to do their jobs safely. For example, EPA developed a curriculum for lead-safe renovation work practices, which HUD adopted for use in assisted housing programs.

HUD and HHS already collaborate on the National Health and Nutrition Examination Survey (NHANES), where HHS pays for analysis of children's blood lead samples and HUD pays for analysis of dust lead samples in children's homes. It is possible that this partnership could be expanded to permit NHANES to characterize the extent of lead hazards in the nation's housing.

HUD has also coordinated with the Department of Energy's weatherization programs. Weatherization measures are intended to make homes more energy efficient and may include window replacement, door repair, and restoration of deteriorated walls. Unfortunately, such measures may also involve disturbing lead-based paint. If contaminated dust and paint chips are not properly controlled and cleaned up, weatherization may inadvertently increase children's exposures. When weatherization is performed as suggested in such weatherization programs, it can eliminate lead-based

paint hazards --- a win-win opportunity. Many HUD grantees leverage lead hazard control and rehab funding with DOE weatherization funding. For example, replacement of windows is both a key weatherization practice and an effective lead hazard control method. While Title X of the 1992 Housing and Community Development Act does not cover DOE weatherization programs, we believe weatherization work practices must be consistent with lead-safe work practices to ensure children are protected in homes undergoing weatherization.

I would like to close by discussing the Secretary's new effort to increase the involvement of the private sector in lead poisoning prevention. HUD will soon release a Notice of Funding Availability for Operation LEAP (Lead Elimination Action Program). Grants will be awarded to entities that can demonstrate they can leverage additional funding and resources for local lead hazard control programs. Congress appropriated \$6.5 million for this new effort for FY 2002. We are hopeful the private sector will respond to this opportunity to help solve this problem.

Finally, let me recognize Senator Reed for his resolve and commitment to this issue.

END NOTES

¹ Centers for Disease Control and Prevention, "Update: Blood Lead Levels—United States 1991-1994," *Morbidity and Mortality Weekly Report*, U.S. Department of Health and Human Services/Public Health Service, Vol 46, No.7, Feb 21, 1997, p. 141-146 and erratum in vol 46, No. 26, p. 607, July 4, 1997

² Centers for Disease Control and Prevention, Blood lead levels in young children—United States and Selected States, 1996-1999, *Morbidity and Mortality Weekly Report* 49(50): 1133-1137, December 22, 2000

³ Agency for Toxic Substances and Disease Registry, *The Nature and Extent of Childhood Lead Poisoning in the United States: A Report to Congress*, July 1988

⁴ Brody et al., Blood lead levels in the U.S. Population: Phase 1 of the third National Health and Nutrition Examination Survey, 1988 to 1991, *Journal of the American Medical Association* 272(4): 277-283, July 27, 1994 and Pirkle et al., The decline in blood lead levels in the United States, *Journal of the American Medical Association* 272(4):284-291, July 27, 1994

⁵ National Academy of Sciences. *Measuring Lead Exposure in Infants, Children, and Other Sensitive Populations*, Report of the Committee on Measuring Lead in Critical Populations, Board on Environmental Studies and Toxicology, Commission on Life Sciences, National Academy of Sciences. Washington, DC: National Academy Press, 1993.

⁶ Jacobs DE. Lead-based paint as a major source of childhood lead poisoning: A review of the evidence. In: *Lead in Paint, Soil and Dust: Health Risks, Exposure Studies, Control Measures and Quality Assurance* (Beard ME and Iske SDA, eds). Philadelphia: ASTM STP 1226, American Society for Testing and Materials, 1995;175-187.

⁷ McElvaine MD, DeUngria EG, Matte TD, Copley CG, Binder S. Prevalence of radiographic evidence of paint chip ingestion among children with moderate to severe lead poisoning, St. Louis, Missouri, 1989-90, *Pediatrics* 89:740-742 (1992).

⁸ Clark CS, Bornschein R, Succop P, Roda S, Peace B. Urban lead exposures of children in Cincinnati, Ohio, *Journal of Chemical Speciation and Bioavailability*, 3(3/4):163-171 (1991)

⁹ Jacobs et al., *The Prevalence of Lead-Based Paint Hazards in U.S. Housing*, accepted for publication in *Environmental Health Perspectives*, 2002. Also see HUD, *National Survey of Lead and Allergens in Housing*, 2001 (available at www.hud.gov/offices/lead)

¹⁰ President's Task Force on Environmental Health Risks and Safety Risks to Children. *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead-based paint Hazards*. Washington DC: U.S. Department of Housing and Urban Development and U.S. Environmental Protection Agency, February 2000.

¹¹ Galke W, Clark S, Wilson J, Jacobs D, Succop P, Dixon S, Bornschein B, McLaine P, Chen M. Evaluation of the HUD lead hazard control grant program: early overall findings. *Env Res* 86A:149-156 (July 2001)

¹² *Guidelines for the Evaluation and Control of Lead-based paint Hazards in Housing*. HUD 1539-LBP, Washington DC: U.S. Department of Housing and Urban Development, 1997.